

Inventor Information

Inventor One Given Name:: Kurt J.
Family Name:: Korkowski
Name Suffix::
Postal Address Line One:: 970 Sunny Ridge Drive
Postal Address Line Two::
City:: Carver
State or Province:: MN
Country::
Postal or Zip Code:: 55315
City of Residence:: Carver
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: U.S.A.

Inventor Two Given Name:: Lance L.
Family Name:: Thoresen
Name Suffix::
Postal Address Line One:: 2913 Sequoia Court
Postal Address Line Two::
City:: Burnsville
State or Province:: MN
Country::
Postal or Zip Code:: 55337
City of Residence:: Burnsville
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: U.S.A.

Inventor Three Given Name:: Xiaohong
Family Name:: Sun
Name Suffix::
Postal Address Line One:: 3075 Bobcat Trail
Postal Address Line Two::
City:: Prior Lake
State or Province:: MN
Country::
Postal or Zip Code:: 55372
City of Residence:: Prior Lake
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: P.R. China

Given name of Applicant::
Family Name::
Name Suffix::
Authority under 1.42::
Authority under 1.43::
Authority under 1.47::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Correspondence Information

Correspondence Customer Number:: 00164
Telephone:: 612/339-1863
Fax:: 612/339-6580
Electronic Mail:: drfairbairn@kinney.com

Application Information

Title Line One:: ENDCAP FOR REDUCING AIRFLOW
Title Line Two:: EXCITATION OF HEAD GIMBAL ASSEMBLY
Total Drawing Sheets:: 8
Formal Drawings?:: Yes
Application Type:: Utility
Docket Number:: I69.12-0614
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

Assignee Information

Name:: Seagate Technology LLC
Address line one:: 920 Disc Drive
Address line two::
City:: Scotts Valley
State or Province:: CA
Postal or zip code:: 95066